FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2959

2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name KAThLEEN E MULVEY

P.O. Box, Bldg., Room No., if any

Street 501 Third st NW

City WDShington

State DC   ZIP Code + 4 20001

4. Name, file number, and address of labor organization.

Name NEWSPAPER Guild - CWA

Labor Organization File Number 000188

P.O. Box, Building and Room Number, if any

Street 501 Third st. NW

City WAShington

State Dc   ZIP Code + 4 2000)

5. Position in labor organization.

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Kathleen E. Mulvey   On May 3, 2006   202-434-7177
                                   Date   Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CWA Savings + Retirement Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 Third St NW City Washington State DC · ZIP Code + 4 20001	a. Labor Organization X b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CWA Savings + Retirement Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 Third St NW City Washington State DC ZIP Code + 4 20001	Spouse is employed by CWA Savings + Retirement Trust 401K. The Trust provides CWA -Locals + members a multi employer 401K plan

	11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.
Spouse's income as an employee of CWA Savings + Retirement Trust

12.b. Amount.	47035.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	

13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.